

**U.S. DEPARTMENT OF ENERGY**  
**2006 National Science Bowl®**  
**Student Confidential Medical Information and Emergency Notification Form**  
**(Please fill out the entire 2-page form)**

School \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex: M ☐ F ☐

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone ( ) — — SS — —

Date of Last Tetanus Shot: \_\_\_\_\_

Yes No If Yes, explain

☐ ☐ Allergies \_\_\_\_\_

☐ ☐ Surgeries \_\_\_\_\_

☐ ☐ Food Allergies \_\_\_\_\_

☐ ☐ Vegetarian \_\_\_\_\_

☐ ☐ Physical Needs \_\_\_\_\_

☐ ☐ Visual Limitations \_\_\_\_\_

☐ ☐ Prescribed Medications \_\_\_\_\_

☐ ☐ Over-the-Counter Medications \_\_\_\_\_

☐ ☐ Recent Illness \_\_\_\_\_

☐ ☐ Health Insurance \_\_\_\_\_

**IF YES PLEASE FILL IN INFORMATION BELOW**

### HEALTH INSURANCE

<u>Physician</u>	<u>Contact</u>	<u>Insurance</u>
_____	Name _____	_____
( ) —	Phone ( ) —	_____
	Policy # _____	

### CONTACT INFORMATION

<u>Primary</u>	<u>Contact</u>	<u>Secondary</u>
_____	Name _____	_____
( ) —	Phone ( ) —	_____
( ) —	Cell Phone ( ) —	_____
_____	Relationship _____	_____

### CONSENT TO MEDICAL CARE AND TREATMENT

\_\_\_\_\_